



Customer No.: 006980

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**For: A SYSTEM FOR AND A METHOD OF
IMPLEMENTING A CLOSED LOOP
RESPONSE ARCHITECTURE FOR
ELECTRONIC COMMERCE**

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**Examiner: Not Assigned**

## November 17, 2000

Honorable Sir:

In response to the Notice of Incomplete Reply mailed by the U.S. Patent Office on 26 October 2000, we enclose the following items:

1. Return Postcard;
2. Check No. 249397 for \$65.00 - Missing Part Fee;
3. Copy of Notice of Incomplete Reply (Nonprovisional); and
4. Fee Transmittal.

**U.S. Serial No. 09/547,710**

We have included the \$65.00 for the missing part fee. However, if any additional fees are deemed necessary, please charge Deposit Account No. 20-1507.

Respectfully submitted,

TROUTMAN SANDERS LLP

By: 

Gregory Scott Smith, Reg. No. 40,819  
Attorney for Applicants

Troutman Sanders LLP  
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Suite 5200  
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## FEE TRANSMITTAL

### for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$65.00)

### Complete if Known

|                      |                          |
|----------------------|--------------------------|
| Application Number   | 09/547,710               |
| Filing Date          | April 11, 2000           |
| First Named Inventor | Sam Johnson              |
| Examiner Name        | Not Assigned             |
| Group / Art Unit     | Not Assigned             |
| Attorney Docket No.  | 09297.99239 (12GO01.CIP) |

| METHOD OF PAYMENT (check one)                                                                                                                 |                      | FEE CALCULATION (continued)                               |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------|-----------------|
| <b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</b> |                      | <b>3. ADDITIONAL FEES</b>                                 |                 |
| Deposit Account Number                                                                                                                        | 20-1507              | Large Fee Code                                            | Entity Fee (\$) |
| Deposit Account Name                                                                                                                          | Troutman Sanders LLP | Small Fee Code                                            | Entity Fee (\$) |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17                                             |                      | Fee Description                                           | Fee Paid        |
| <b>2. <input checked="" type="checkbox"/> Payment Enclosed:</b>                                                                               |                      | 105                                                       | 130             |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other                                 |                      | 127                                                       | 50              |
| <b>FEE CALCULATION</b>                                                                                                                        |                      | 139                                                       | 130             |
| <b>1. BASIC FILING FEE</b>                                                                                                                    |                      | 147                                                       | 2,520           |
| Large Fee Code                                                                                                                                | Entity Fee (\$)      | 112                                                       | 920*            |
| Small Fee Code                                                                                                                                | Entity Fee (\$)      | 113                                                       | 1,840*          |
| Fee Description                                                                                                                               | Fee Paid             | 115                                                       | 110             |
| 101                                                                                                                                           | 690                  | 116                                                       | 380             |
| 106                                                                                                                                           | 310                  | 117                                                       | 870             |
| 107                                                                                                                                           | 480                  | 118                                                       | 1,360           |
| 108                                                                                                                                           | 690                  | 128                                                       | 1,850           |
| 114                                                                                                                                           | 150                  | 119                                                       | 300             |
| SUBTOTAL (1) (\$)                                                                                                                             |                      | 120                                                       | 300             |
| <b>2. EXTRA CLAIM FEES</b>                                                                                                                    |                      | 121                                                       | 260             |
| Extra Claims Fee from below                                                                                                                   |                      | 138                                                       | 1,510           |
| Total Claims                                                                                                                                  | -20** =              | 140                                                       | 110             |
| Independent Claims                                                                                                                            | -3** =               | 141                                                       | 1,210           |
| Multiple Dependent                                                                                                                            |                      | 142                                                       | 1,210           |
| **or number previously paid, if greater; For Reissues, see below                                                                              |                      | 143                                                       | 430             |
| Large Fee Code                                                                                                                                | Small Fee Code       | 144                                                       | 580             |
| Entity Fee (\$)                                                                                                                               | Entity Fee (\$)      | 122                                                       | 130             |
| Fee Description                                                                                                                               | Fee Paid             | 123                                                       | 50              |
| 103                                                                                                                                           | 18                   | 126                                                       | 240             |
| 102                                                                                                                                           | 78                   | 581                                                       | 40              |
| 104                                                                                                                                           | 260                  | 146                                                       | 690             |
| 109                                                                                                                                           | 78                   | 149                                                       | 690             |
| 110                                                                                                                                           | 18                   | Other fee (specify) Petition for Allowance of Photographs |                 |
| SUBTOTAL (2) (\$)                                                                                                                             |                      | Other fee (specify) Missing Part Fee                      |                 |
|                                                                                                                                               |                      | * Reduced by Basic Filing Fee Paid                        |                 |
|                                                                                                                                               |                      | SUBTOTAL (3) (\$65.00)                                    |                 |

| SUBMITTED BY          |                     | Complete (if applicable)     |                |
|-----------------------|---------------------|------------------------------|----------------|
| Typed or Printed Name | Gregory Scott Smith | Reg. Number (Attorney/Agent) | 40,819         |
| Signature             |                     | Telephone                    | (404) 885-3354 |
| Date                  | 11/17/00            |                              |                |

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/547,710         | 04/11/2000          | Sam Johnson           | 9727.99239(12GO01.CIP) |

Gregory Scott Smith Esq  
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## FORMALITIES LETTER



\*OC000000005508428\*

Date Mailed: 10/26/2000

## NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

*Filing Date Granted*

The U.S. Patent and Trademark Office has received your reply on 09/20/2000 to the Notice to File Missing Parts (Notice) mailed 08/17/2000 and it has been entered into the nonprovisional application. The reply, however, does not include the following items required in the Notice.

The period of reply remains as set forth in the Notice. You may, however, obtain EXTENSIONS OF TIME under the provisions of 37 CFR 1.136 (a) accompanied by the appropriate fee (37 CFR 1.17(a)).

A complete reply must be timely filed to prevent ABANDONMENT of the above-identified application.

- Late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 was not received.
- The balance due by applicant is \$ 65.

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

11/24/2000 WKOROMA 00000044 09547710

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65.00 OP